

Task Force to Study Cervical Cancer Prevention, Detection and Education July 18, 2006 - Meeting

MEETING SUMMARY

Members in attendance: Senator Nancy Sullivan (co-chair), Representative Lisa Marrache (co-chair), Dina Cole, Bob Downs, Dr. Jonathan Fanburg, Sharon Jerome, Evelyn Kieltyka, Dr. Susan Miesfeldt, Janet Miles, Dr. Molly Schwenn

Members absent: Representative James Campbell, Dr. Kolawole Bankole, Dr. Michael Jones, Dr. James Raczek, Dr. James Wilberg

1. Review and Updates

- Staff provided a review of the initial report of the Task Force that was completed in December 2005.
- Staff presented an overview of recent news, reports and resources that have become available since the last meeting of the Task Force. See packet of handouts labeled “Recent News, Reports and Resources” which includes information on:
 - *Vaccine developments:* “FDA Licenses New Vaccine for Prevention of Cervical Cancer and Other Diseases in Females Caused by Human Papillomavirus”; “CDC’s Advisory Committee Recommends Human Papillomavirus Virus Vaccination”; Advisory Committee on Immunization Practices, Vaccines for Children Program, Resolution No. 6/06-2 to adopt the HPV vaccine; “The Potential of Human Papillomavirus Vaccines” Robert Steinbrook, M.D., NEJM, 3/16/2006
 - *New screening technology:* “FDA Approves New Imaging System to Help Detect Cervical Pre-Cancer”
 - *New reports:* MBCHP Telephone Survey, Final Report, January 2006; Women in Government, “Progress Report 2006” (separately bound report)
 - *Follow-up data on cancer rates:* Rates of Biopsy-Confirmed CIN and Invasive Cervical Cancer Among Women in the NBCCEDP, National Breast and Cervical Cancer Early Detection Program, 1991-2002 National Report

Key Points Made in Presentation/Discussion:

- **Vaccine:**
 - The Merck vaccine, Gardasil, has been approved for use in females ages 9-26 and recommended to be routinely given to girls when they are 11-12 years old.
 - The vaccine costs \$120 per dose and requires 3 doses, for a total of \$360.

- Maine is a universal vaccination state which means that all vaccines are purchased and distributed by the state; insurance companies and the state contribute to the cost. The state immunization program has a funding “crisis”; there is not enough funding to cover all the vaccines and the U.S. CDC has indicated that there are likely to be further reductions in federal funding provided to states for the Vaccines for Children program.
- The new vaccine will be a major tool in preventing cervical cancer but screening programs are still essential for a number of reasons including: (1) the vaccine does not address all causes of cervical cancer (it is effective against four types of HPV that cause 70% of cervical cancer), and (2) there are many women today who have been exposed to HPV and will not be eligible for the vaccine (vaccine is approved for women age 9-26)
- **Screening:** Current screening guidelines do *not* recommend annual screening for all women (see Task Force Initial Report, page 6). However, many women are screened every year (it is routinely covered by insurance) resulting in over-screening.
- **Incidence:** Data for incidence of cervical cancer in Maine in the Women in Government Progress Report 2006 is different from the data gathered by the Maine Cancer Registry. Incidence for 2002 (latest data available) shows an incidence of 7.1 per 100,000 women (Maine Cancer Registry) rather than 9.1 (in the Progress Report). *[Rep Marrache indicated that she can follow-up with Women in Government]*
- **Maine Breast and Cervical Health Program:**
 - MBCHP is very active in Aroostook County and has more primary care providers involved in Aroostook than in any other county.
 - Some states enroll women at 18 years of age (federal regulations allow eligibility beginning at age 18); Maine’s program limits eligibility to women 40 years and older (reasons for this age limit include the importance of breast cancer screening beginning at age 40 and the availability of Title X funds for family planning agencies to screen younger women for cervical cancer)
 - Eligibility guidelines for MBCHP are determined by the State; funding must be available to pay for the services for eligible women; this is a challenge because the federal CDC funding to the state programs is declining
 - Under the Treatment Act, Maine provides full MaineCare coverage to women diagnosed with cancer under the MBCHP. Last year a woman with breast cancer aged 38 (too young for MBCHP) was denied coverage for cancer treatment – will likely go to court.

Members’ Comments and Suggestions:

- Now that the vaccine is approved, it is the job of the Task Force to come up with state policy regarding the new vaccine.
- Consider males in determining the policy for the vaccine.
 - It was noted that tests of the vaccine for use with males are not yet completed.
- Cost of the vaccine (\$120 per dose / 3 doses) will effect implementation
- Keep a focus on “older” women.
- Target intervention strategies to at-risk groups, e.g. 25% of women with cervical cancer are over 65 years of age. Need accurate mortality and morbidity data and demographic information to do this effectively.

- Note: The Maine Cancer Registry has data broken down by county and zip code, and has a medical records study in progress to add demographic data; there are problems with breaking data down by ethnicity because non-white group is so small in Maine that confidentiality could be breached.
- Reduce over-screening and redirect resources toward the vaccine and/or women who are not getting adequately screened
- Provide coverage in MBCHP to women ages 18-39; this would extend screening services to more women and would link women ages 18-39 diagnosed with cervical cancer with MaineCare coverage for cancer treatment (under the Treatment Act)
- Think about funding possibilities
 - Who can access the Fund for Healthy Maine? Can it be used to expand cervical cancer screening?
 - Note: foundations/granting agencies usually will not fund screening/treatment but may fund education/outreach

2. Maine Health Data Organization – Overview of Available Data

- Al Prysunka, Executive Director, Maine Health Data Organization presented information regarding data available through the MDHO.
- See meeting handouts: Power Point presentation “Maine Health Data Organization”; data handout “Total abnormal cervical diagnoses and screening procedures” (page 1 title).

Key Points Made in Presentation/Discussion:

- Key MHDO data bases: hospital data bases; health care claims data base (paid claims)
- Claims data base “huge but not complete”; e.g. does not presently include MaineCare, Medicare, Federal employees health benefit program, self-funded/self-administered programs; MaineCare and Medicare data will be added in the near future
- Hospital data is complete / total counts for the state
- While MHDO has a lot of data, it is still in segments and has limitations.

Members’ Comments and Suggestions:

- Coordinate the MBCHP data with MHDO data; ensure that the data from MBCHP gets to the MHDO
 - Note: Following the meeting, Al Prysunka confirmed that MBCHP data will be included in the MaineCare data that will be added to the paid claims data.
- When looking at data for young women, need to recognize that many will acquire HPV and it will resolve without ever developing into cancer; need to be careful about being too aggressive with recommending treatment/intervention (e.g. removing part of cervix)

3. Merck Vaccine - Gardasil

- Bindi Patel from Merck provided members with a packet of materials regarding Gardasil and reviewed the contents of the packet, which included a press release; “Latest Developments in HPV-related Diseases and Cervical Cancer”; “Gardasil – Annotated Prescribing Information”; “Make the Connection” brochure and bead kit

- Merck’s marketing strategy includes a focus on increasing awareness of the connection between HPV and cervical cancer.

Members’ Comments and Suggestions:

- Are cost-effectiveness studies/results available for the vaccine?
 - Merck noted there have been studies completed by the company and by CDC; Merck can bring this information to next Task Force meeting.
- Important to also look at cost-effectiveness with respect to cervical cancer screening.
- Would like to see Merck provide information for uninsured women to access state programs (such as MBCHP)
 - Merck noted that its Patient Assistance Program will be rolled out in September
- Need to think carefully about the issue of “recommending” vs. “requiring” the vaccine
 - Note: The state makes policy decision about required vaccines, which include certain exceptions/exemptions.

4. Task Force Discussion/Work Session

- See packet of handouts labeled: “Developing a Statewide Cervical Cancer Prevention Plan”
- Staff reviewed the Task Force’s progress to date and remaining duties and schedule (see handout: “Remaining Duties and Schedule”)
 - The major tasks that remain are as follows: (1) create a statewide comprehensive cervical cancer prevention plan, and (2) prepare the final report (due 11/1/06)
- Staff presented a framework for beginning to craft the prevention plan in accordance with the authorizing legislation (see handout: “Prevention Plan notes” p. 1). Five aspects of plan development were identified:
 - 1) The plan itself (prevention strategies)
 - 2) Strategies for implementation of the plan
 - 3) Strategies for promoting the plan
 - 4) Public awareness/education strategies
 - 5) Stakeholder coordination/communication strategies
- Staff provided a summary of Task Force members’ comments and suggestions from prior meetings that relate to the development of a prevention plan (see handout: “Prevention Plan notes” p. 2-3). Members have previously made a number of suggestions related to expanding access to cervical cancer screening.
- Finally, staff reviewed some examples of recommendations for cervical cancer prevention prepared by other groups, specifically: “Recommended Actions” from the Women in Government Progress Report 2006 Comprehensive prevention plan; “HPV Vaccine Introduction: State Policy Backgrounder”, Women in Government; The Maine Comprehensive Cancer Control Plan 2006-2010

5. Information Requests

Task Force members requested the following information or follow-up work:

- Information on the Federal Poverty level, including income limits for different sized families (*See attached*)
- Information regarding the Maine immunization program, including its funding status, the IMMPACT database and the prospect for including a cervical cancer vaccine under the program. (*Will arrange for a presentation by the program at the next meeting*)
- Information regarding the Fund for Healthy Maine and whether/how it might be used to expand cervical cancer screening (*Staff will provide for next meeting*)
- An inventory of organizations in the state that have responsibilities related to cervical cancer screening, treatment, education, research, etc. (*Staff will prepare for next meeting*)
- Overview of recent state legislation and state task forces regarding cervical cancer. (*Staff will prepare for next meeting*)
- Updated data from the Maine Cancer Registry (beyond what was available at the time of the initial report) and presentation of data by county. [*Molly Schwenn indicated she could provide this for the next meeting*]
- Cost-effectiveness studies for Gardasil. [*Merck indicated they could provide this for the next meeting*]

6. Initial Planning for Next Meeting

Task Force members identified the following agenda items for the next meeting:

- Presentation by Merck regarding Gardasil.
- Presentation by Maine DHHS, state immunization program.
- Presentation from Evelyn Kieltyka, Family Planning Association of Maine regarding Pap test data (rescheduled from the 7/18/06 meeting)

Future Meetings of the Task Force

Thursday, August 24, 2006, 9:30am-12:30pm. Room 214, Cross Office Building, Augusta
Two additional meetings to be scheduled; most likely one in September and one in October.

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